

WEEKLY QUESTIONNAIRE FOR THE PATIENT

(Please return this questionnaire to your therapist)

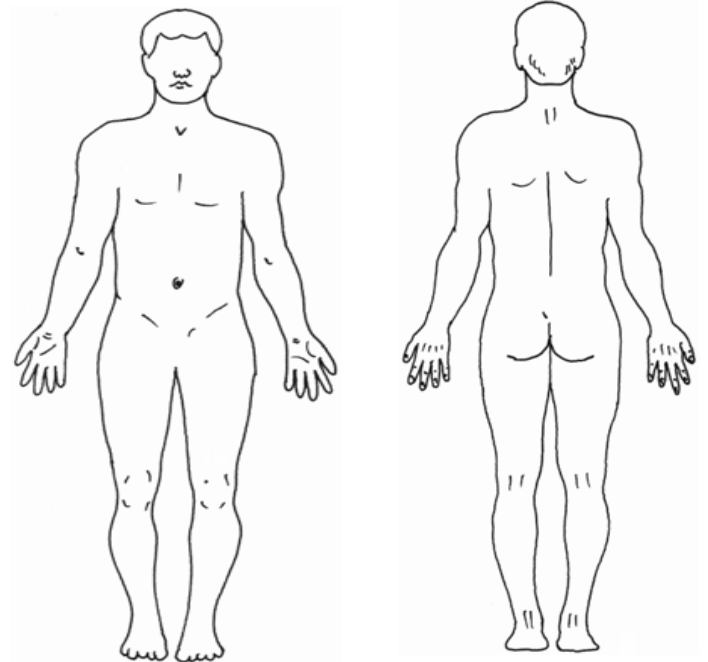
Naam: \_\_\_\_\_

Datum: \_\_\_ / \_\_\_ / \_\_\_\_\_

1. Throughout our lives, most of us have times when we feel very tired or fatigued. Have you felt unusually tired or fatigued in the last week?

Yes       No

2. Indicate on the figure below by means of circles where you feel pain on your body. Indicates the most painful place with an X.



3. Please rate your pain by circling the one number that best describes your pain at its worst in the last 24 hours.

0      1      2      3      4      5      6      7      8      9      10  
 No pain imagine      As bad as you can imagine

4. Please rate your pain by circling the one number that best describes your pain at its least in the last 24 hours.

0      1      2      3      4      5      6      7      8      9      10  
 No pain imagine      As bad as you can imagine

5. Please rate your pain by circling the one number that best describes your pain on the average.

0      1      2      3      4      5      6      7      8      9      10  
 No pain imagine      As bad as you can imagine

6. Please rate your pain by circling the one number that tells how much pain you have right now.

0      1      2      3      4      5      6      7      8      9      10  
 No pain imagine      As bad as you can imagine

7. Circle/mark the one number that describes how, during the past 24 hours, FATIGUE has interfered your:

- **General activity**  

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										
Completely interferes										
- **Mood**  

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										
Completely interferes										
- **Walkin ability**  

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										
Completely interferes										
- **Normal work (includes both the home and daily chores)**  

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										
Completely interferes										
- **Rations with other people**  

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										
Completely interferes										
- **Enjoy of life**  

0	1	2	3	4	5	6	7	8	9	10
Does not interfere										
Completely interferes										